

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10769089

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		4				
6		1				
7		3				
8		3				
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50						
TOTAL IND.	1					
TOTAL DEP.		16				
TOTAL CLAIMS	17					

	IND	DEP	IND	DEP	IND	DEP
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